

Colmesneil Independent School District
PO Box 37/610 W. Elder St.
Colmesneil, Texas 75938
Office: (409) 837-5757
Fax: (409) 837-9107

Each person who applies to be a school bus driver must provide the following information at the time of application: valid CDL with School Bus Endorsement and proof of ability work in the country. All school bus drivers must pass a physical examination and a drug test prior to employment.

Personal Information

Date of Application: _____ Social Security Number: _____

Name: _____
Last First Middle

Current Address: _____
Street/PO Box City State ZIP

Other Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Other Name that May Appear on Records: _____

Texas Driver's License Number: _____

CDL: ☐ Yes ☐ No School Bus Endorsement: ☐ Yes ☐ No

Are there any criminal charges or proceedings against you? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been convicted of, plead guilty or no contest to, or received probation, suspension, or deferred adjudication for any traffic violation? ☐ Yes ☐ No

If yes, explain: _____

In the past two (2) years, have you failed an employer's drug or alcohol test? ☐ Yes ☐ No

If yes, explain: _____

Driving Experience

Provide your work history for the past 5 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Please use another sheet if necessary.

Employer Name Address and Phone	Type of Work/Position	Dates Employed	Reason for Leaving

Attestation

I hereby affirm that all of the information provided in this application is true and accurate to the best of my knowledge, and I understand that any deliberate falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code 22.084 and Transportation Code 521.022(f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used, previous employers to be contacted for investigative purposes, and release all parties from any liability for damage that may result from furnishing information to you.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it. The application shall be considered active for twelve (12) months. If you have not received a response during this time period, you may reapply or reactivate your application.

*We consider all applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability or any other legally protected status.
An Equal Opportunity Employer*

COLMESNEIL INDEPENDENT SCHOOL DISTRICT

P.O. Box 37 / 610 W Elder St.
Colmesneil, Texas 75938

CONFIDENTIAL

Colmesneil Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print

Name _____
Last First Middle

Social Security No. _____ Date of Birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: ___ Male ___ Female Ethnicity: ___ Black ___ White/Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

Signature

Date

This form will be removed from the application and filed separately in the personnel office.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Empl _____	Vol/Contractor _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		

**General Consent for Full Queries of
the Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse**

I, _____, hereby provide consent to **Colmesneil ISD** to conduct a **Full Query / Limited Query** of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

_____ I am consenting to a **Full Query** and give **Colmesneil ISD** consent to conduct this query for **Pre-employment**.

_____ I am consenting to a **Limited Query** and give **Colmesneil ISD** consent to conduct this query **Annually** for the duration of employment.

I understand that if the **Limited Query** conducted by **Colmesneil ISD** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Colmesneil ISD** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Colmesneil ISD** to conduct a **Limited Query** of the Clearinghouse, **Colmesneil ISD** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date